



Division of Facility Services
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, NC 27699-2708
(919) 855-3765

**REPORT OF ADMINISTRATOR QUALIFICATIONS
FOR FAMILY CARE HOMES**

Name of Facility _____

Person's Name _____ Phone () _____

Address _____
Street City State Zip County

Birthdate _____ S.S. # _____ Driver's License # _____

You are asked to voluntarily provide your social security number here and where subsequently requested in this document with the understanding that it will be used only as an identification number for internal record keeping and data processing.

Are you or your spouse an official or employee of the department of Health and Human Services or of any county department of social services, or a member of the Social Services Commission, or any county board of Social Services, or of any board of county commissioners? [] Yes [] No

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D.

Credit Hours Beyond High School or G.E.D. Certificate -- _____

College 1 2 3 4 Grad School 1 2 3 4 Other _____

WORK HISTORY

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Date Employed: _____ # You Supervised: _____

Date Separated: _____ Reason for Leaving _____

Duties: _____

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Date Employed: _____ # You Supervised: _____

Date Separated: _____ Reason for Leaving _____

Duties: _____

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Date Employed: _____ # You Supervised: _____

Date Separated: _____ Reason for Leaving _____

Duties: _____

Employer: _____ Address: _____

Job Title: _____ Supervisor: _____

Date Employed: _____ # You Supervised: _____

Date Separated: _____ Reason for Leaving _____

Duties: _____

If you have completed an on-the-job training program approved by the Department of Health and Human Services, list name of licensed facility and dates of training: _____

Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation:
[] Yes [] No. If yes, written documentation about criminal and/or driving offenses other than minor traffic violations must be provided from the clerk of court and/or motor vehicles office.

Please give the full name, mailing address, and phone number of three references who have knowledge of your background and qualifications related to the field of adult care. **(Include copies of these references)**

1. _____

2. _____

3. _____

Please include copy of administrator's test results, High School Diploma or G.E.D. Certificate, copies of continuing education certificates and reference letters with this qualification form.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made in this report and understand that false information may be grounds for disqualification.

Signature Date